

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09832236 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1	2				
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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13	+2					
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50						
TOTAL IND.	3					
TOTAL DEP.	14	16				
TOTAL CLAIMS	19					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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